Amendments to the Specification:

Replace paragraph 1, beginning at line 3 on page 2 as follows:

This application is a continuation of U.S. patent application Serial No. 09/775,677 filed February 5, 2001 which is a continuation-in-part of U.S. patent application Serial No. 09/345,475, filed June 30, 1999, now U.S. Patent No. 6,210,432, the disclosures of which are incorporated fully herein by reference.

Replace paragraph 3, beginning at line 14 on page 4 as follows:

To certain groups of patients, this is ~~particular~~ particularly hazardous. Elderly patients, patients with a poor left ventricular function, renal disease, severe calcification of the aorta, previous cardiac surgery or other concomitant diseases, would in particular most likely benefit from a less invasive approach, even if repair is not complete. The current trend towards less invasive coronary artery surgery, without cardiopulmonary by-pass, as well as PTCA will also call for a development of a [[les]] less invasive method for repair of the often concomitant mitral insufficiency.

Replace paragraph 1, beginning at line 9 on page 8 as follows:

It should be noted that when the proximal and distal stent sections have been fixed relative to the coronary sinus and the distance between them ~~thererafter~~ thereafter has been ~~finaly~~ finally adjusted to a desired value, the second and the third wires may in both the described alternatives be withdrawn from the coronary sinus by pulling one of their ends positioned outside of the coronary sinus and outside of the human body.

Replace paragraph 1, beginning at line 16 on page 9 as follows:

Preferably, the elongate body of this embodiment comprises a proximal stent section, a distal stent section and a central stent section, the distal and proximal stent sections being expandable prior to the central stent section. ~~Obviosly~~ Obviously, this will result in a reduction

of the distance between the proximal and distal stent sections. Further, the proximal and distal stent sections should be expandable without substantial length reduction.

Replace paragraph 3, beginning at line 15 on page 10 as follows:

In an adult, the course of the coronary sinus may approach within 5-15 mm of the medial attachment of the posterior leaflet of the mitral valve. Preliminary measurements performed at autopsies of adults of normal weight show similar results, with a distance of ~~5,3 ± 0,6~~ 5.3 ± 0.6 mm at the medial attachment and about 10 mm at the lateral aspect of the posterior leaflet. The circumference of the coronary sinus was ~~18,3 ± 2,9~~ 18.3 ± 2.9 mm at its ostium (giving a sinus diameter of the septal aspect of the posterior leaflet of ~~5,8 ± 0,9~~ 5.8 ± 0.9 mm) and ~~9,7 ± 0,6~~9.7 ± 0.6 mm along the lateral aspect of the posterior leaflet (corresponding to a sinus diameter of ~~3,1 ± 0,2~~ 3.1±0.2 mm).

Replace paragraph 2, beginning at line 11 on page 14 as follows:

The rod 15 may be a metal wire which is relatively stiff between the distal end 14 and the locking means 16 but still so bendable that it will follow the shape of the coronary sinus 5. Proximally of the locking means 16 the metal wire of the stabilizing instrument [[11]]12 is more pliable to be able to easily follow the bends of the veins.